

FORM C/OH
COVER SHEET PG 1

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Allen, Robert (Mr.)

15 ACCOUNT # (Ethics Commission filers)
0000000116 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

8.19

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

373.84

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

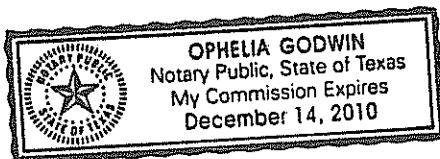
0.00

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

0.00

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Robert G Allen

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bob Allen, this the 14 day
of January, 20 09, to certify which, witness my hand and seal of office.

Ophelia Godwin
Signature of officer administering oath

Ophelia Godwin
Print name of officer administering oath

Admin Asst
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/1 Report: 3/5

2 FILER NAME Allen, Robert (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

4 Date**5** Full name of contributor ☐ out-of-state PAC (ID# _____)

Nunn, James (Mr.)

7 Amount of
contribution (\$)

\$8.19

8 In-kind contribution
description (if applicable)Reserve domain name
for
boballenforfrisco.com
with godaddy.com(If travel outside of Texas, complete Schedule T) ☐**9** Principal occupation / Job title (See Instructions)**10** Employer (See Instructions)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/2 Report: 4/5

2 FILER NAME Allen, Robert (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date 01/06/2009	5 Payee name Kinko's Frisco <hr/> 6 Payee address; City; State; Zip Code : 8290 Hwy 121 Frisco, TX 75034 <hr/> 7 Purpose of expenditure (See instructions regarding type of information required.) Terilli's Campaign Party Postcards (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$182.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 01/12/2009	Payee name Kinko's Frisco <hr/> Payee address; City; State; Zip Code 8290 Hwy 121 Frisco, TX 75034 <hr/> Purpose of expenditure (See instructions regarding type of information required.) Campaign Business Cards (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$81.63 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 12/30/2008	Payee name Kinko's Frisco, : 8290 Hwy 121 Frisco <hr/> Payee address; City; State; Zip Code 8290 Hwy 121 Frisco, TX 75034 <hr/> Purpose of expenditure (See instructions regarding type of information required.) Campaign Business Cards (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$62.90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 12/18/2008	Payee name Le Peep Resturant <hr/> Payee address; City; State; Zip Code Preston Road Frisco, TX 75034 <hr/> Purpose of expenditure (See instructions regarding type of information required.) Campaign Planning Breakfast with BA, IS, and AG (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$31.68 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 01/09/2009	Payee name Mardel Store #28 <hr/> Payee address; City; State; Zip Code 5222 Preston Road Frisco, TX 75034 <hr/> Purpose of expenditure (See instructions regarding type of information required.) Picture display board (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$5.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/2 Report: 5/5

2 FILER NAME Allen, Robert (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

01/10/2009

5 Payee name

Walgreens

6 Payee address; City; State; Zip Code8996 Stacy Rd
Frisco, TX 75035**8** Amount
(\$)

\$9.98

7 Purpose of expenditure (See instructions regarding type of information required.)
Pictures developed(If travel outside of Texas, complete Schedule T) ☐☒ Reimbursement
from political
contributions
intended